

WellCare Health Plans, Inc. WELLCARE OF GEORGIA, INC.

A WellCare Group Company

EPSDT Program Tuberculosis (TB) Risk Assessment Questions

Is this child:

- 1. In close contact of a person with infectious TB? *
- 2. Diagnosed with HIV or at risk for HIV infection?
- 3. A Foreign-born refugee or a migrant?
- 4. In contact with an incarcerated person or a person who was incarcerated in the past five years?
- 5. Exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs or migrant farm workers?
- 6. Have a medical condition or receiving treatment for a medical condition which suppresses the immune system?
- 7. Live in a community which has been established as a high risk for TB?
- 8. Traveled to any foreign countries since the last medical visit?

Any 'yes' answer indicates the child is <u>High Risk</u> and should have a TB test that is read by a Health Professional.

*Indicates the Health Dept. should be notified